

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.03911791

Gross Claim	\$	1,123,748.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,123,748.29
YTD Amount:	\$	1,123,748.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00010612

Gross Claim	\$	3,048.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,048.53
YTD Amount:	\$	3,048.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

<u>Total amount collected:</u>	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00132860

Gross Claim	\$	38,166.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,166.97
YTD Amount:	\$	38,166.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00893807

Gross Claim	\$	256,765.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	256,765.79
YTD Amount:	\$	256,765.79

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00136297

Gross Claim	\$	39,154.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,154.32
YTD Amount:	\$	39,154.32

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00106887

Gross Claim	\$	30,705.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,705.65
YTD Amount:	\$	30,705.65

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.02011996

Gross Claim	\$	577,990.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	577,990.25
YTD Amount:	\$	577,990.25

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REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00127154

Gross Claim	\$	36,527.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,527.79
YTD Amount:	\$	36,527.79

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00494732

Gross Claim	\$	142,122.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	142,122.69
YTD Amount:	\$	142,122.69

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REMITTANCE ADVICE

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.02544470

Gross Claim	\$	730,955.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	730,955.16
YTD Amount:	\$	730,955.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CLAIM SCHEDULE NUMBER: 1200034A
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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00122313

Gross Claim	\$	35,137.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,137.11
YTD Amount:	\$	35,137.11

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00862799

Gross Claim	\$	247,858.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	247,858.05
YTD Amount:	\$	247,858.05

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00880356

Gross Claim	\$	252,901.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	252,901.69
YTD Amount:	\$	252,901.69

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00165903

Gross Claim	\$	47,659.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	47,659.30
YTD Amount:	\$	47,659.30

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.01721219

Gross Claim	\$	494,458.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	494,458.14
YTD Amount:	\$	494,458.14

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00445852

Gross Claim	\$	128,080.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	128,080.83
YTD Amount:	\$	128,080.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00199460

Gross Claim	\$	57,299.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,299.29
YTD Amount:	\$	57,299.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00134019

Gross Claim	\$	38,499.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,499.92
YTD Amount:	\$	38,499.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.31055683

Gross Claim	\$	8,921,430.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,921,430.33
YTD Amount:	\$	8,921,430.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00444444

Gross Claim	\$	127,676.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	127,676.35
YTD Amount:	\$	127,676.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00978122

Gross Claim	\$	280,987.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	280,987.13
YTD Amount:	\$	280,987.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00071281

Gross Claim	\$	20,477.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,477.04
YTD Amount:	\$	20,477.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00285164

Gross Claim	\$	81,919.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	81,919.65
YTD Amount:	\$	81,919.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00629714

Gross Claim	\$	180,899.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	180,899.24
YTD Amount:	\$	180,899.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00079121

Gross Claim	\$	22,729.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,729.25
YTD Amount:	\$	22,729.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00114139

Gross Claim	\$	32,788.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,788.95
YTD Amount:	\$	32,788.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00812079

Gross Claim	\$	233,287.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	233,287.61
YTD Amount:	\$	233,287.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00419177

Gross Claim	\$	120,417.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,417.84
YTD Amount:	\$	120,417.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00269975

Gross Claim	\$	77,556.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	77,556.28
YTD Amount:	\$	77,556.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.06443975

Gross Claim	\$	1,851,174.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,851,174.03
YTD Amount:	\$	1,851,174.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00380642

Gross Claim	\$	109,347.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	109,347.81
YTD Amount:	\$	109,347.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00113417

Gross Claim	\$	32,581.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,581.54
YTD Amount:	\$	32,581.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.03289206

Gross Claim	\$	944,897.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	944,897.01
YTD Amount:	\$	944,897.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.03445504

Gross Claim	\$	989,797.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	989,797.06
YTD Amount:	\$	989,797.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00159151

Gross Claim	\$	45,719.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,719.64
YTD Amount:	\$	45,719.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.03996868

Gross Claim	\$	1,148,188.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,148,188.54
YTD Amount:	\$	1,148,188.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.07799922

Gross Claim	\$	2,240,699.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,240,699.73
YTD Amount:	\$	2,240,699.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.05924516

Gross Claim	\$	1,701,947.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,701,947.97
YTD Amount:	\$	1,701,947.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.01529154

Gross Claim	\$	439,283.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	439,283.23
YTD Amount:	\$	439,283.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00459189

Gross Claim	\$	131,912.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,912.17
YTD Amount:	\$	131,912.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.01397274

Gross Claim	\$	401,397.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	401,397.79
YTD Amount:	\$	401,397.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00838718

Gross Claim	\$	240,940.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	240,940.26
YTD Amount:	\$	240,940.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.03392573

Gross Claim	\$	974,591.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	974,591.47
YTD Amount:	\$	974,591.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00556855

Gross Claim	\$	159,968.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	159,968.89
YTD Amount:	\$	159,968.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00771515

Gross Claim	\$	221,634.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	221,634.71
YTD Amount:	\$	221,634.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00026776

Gross Claim	\$	7,692.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,692.00
YTD Amount:	\$	7,692.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00208334

Gross Claim	\$	59,848.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,848.54
YTD Amount:	\$	59,848.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.01114865

Gross Claim	\$	320,269.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	320,269.58
YTD Amount:	\$	320,269.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.01734410

Gross Claim	\$	498,247.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	498,247.55
YTD Amount:	\$	498,247.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.01168672

Gross Claim	\$	335,726.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	335,726.82
YTD Amount:	\$	335,726.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00403600

Gross Claim	\$	115,943.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,943.01
YTD Amount:	\$	115,943.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00274331

Gross Claim	\$	78,807.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	78,807.63
YTD Amount:	\$	78,807.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00117460

Gross Claim	\$	33,742.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,742.98
YTD Amount:	\$	33,742.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.01120899

Gross Claim	\$	322,002.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	322,002.97
YTD Amount:	\$	322,002.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00211074

Gross Claim	\$	60,635.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	60,635.66
YTD Amount:	\$	60,635.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.01334317

Gross Claim	\$	383,312.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	383,312.01
YTD Amount:	\$	383,312.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00370281

Gross Claim	\$	106,371.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,371.39
YTD Amount:	\$	106,371.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00354044

Gross Claim	\$	101,706.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	101,706.95
YTD Amount:	\$	101,706.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00143778

Gross Claim	\$	41,303.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,303.40
YTD Amount:	\$	41,303.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00644648

Gross Claim	\$	185,189.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	185,189.36
YTD Amount:	\$	185,189.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200034A
PAYMENT ISSUE DATE: 9/27/2012

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected:	\$220,700,415.22	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$28,727,206.91	County/City Ratio:	0.00212606

Gross Claim	\$	61,075.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	61,075.77
YTD Amount:	\$	61,075.77